



MRN _____

Date ____ / ____ / ____

Exam(s) _____

Symptoms _____

DO NOT WRITE ABOVE THIS LINE / INTERNAL OFFICE USE

Referring Physician _____

Pregnant Yes No Not Sure

Is your injury:

Job Related No Yes Auto Accident No Yes Other Accident No Yes Date of Injury: _____

Any Allergies? No Yes. Explain: _____

Last Name _____ **First Name** _____ **Middle Initial** _____

Marital Status: Single Married Divorced Widowed Sex: M F Birthday ____ / ____ / ____ Age _____

SS# _____

Mailing Address (If student, use local address)

City _____ State _____ Zip _____ County _____

Home # _____ Cell # _____ Work # _____

Physical Address (If different from above) _____
No P.O. Boxes

Patient's Employer _____

Employer Address _____

PARENT/GUARDIAN INFORMATION

Name _____ SS# _____

Address _____
No P.O. Boxes

City _____ State _____ Zip _____ County _____

Employer _____ Employer # _____

Employer Address _____



INSURANCE INFORMATION (please bring insurance cards to your appointment)

Primary Insurance Carrier _____

ID # _____ Group # _____

Primary Insurance Address

Policy Holder's Name _____

Policy Holder's SS# _____ Policy Holder's Birth Date _____

Relationship to Insured _____

Policy Holder's Employer _____

Employer Address _____

Secondary Insurance Carrier _____

ID # _____ Group # _____

Primary Insurance Address

Policy Holder's Name _____

Policy Holder's SS# _____ Policy Holder's Birth Date _____

Relationship to Insured _____

Policy Holder's Employer _____

Employer Address _____

Please sign each statement below.

(1) I am financially responsible for this service: _____

(2) A Notice of Privacy Practices has been provided: _____

**(3) I authorize the release of pertinent medical information
to my insurance carrier in order to process my claim:** _____

(4) I authorize my insurance benefits to be paid directly to RCL/CVI: _____

I have been informed that any payment made today is an estimate only.
I may be billed for any remaining balances after claim processing.

Please be sure to bring with you...

- Your referral sheet.
- A photo identification card i.e. driver's license.
- Completed registration form to expedite your check-in.
- If scheduled for an MRI, please bring all implant cards & comparison studies with you.
- Current list of medications and drug allergies. Especially if you are scheduled for a myelogram or a contrast study.

Exam Preparations

- Upper GI (UGI)**
- Small Bowel (SBFT)**
- Barium Swallow (Ba Swa)**
- Abdomen Ultrasound**
- Ultrasound of Aorta**
- Gallbladder Ultrasound**

For any of the above exams, do not eat or drink anything (including water) after midnight the night prior to your exam.

- Ultrasound Abdomen & Pelvic combo**
- Ultrasound Gallbladder & Pelvic combo**

Nothing to eat after midnight the night prior to your exam.
You need to drink 32oz of water only, 1 hr before your exam time to fill your bladder.

- Ultrasound of Pelvic or Bladder**

1 hr before exam, drink at least 32 ounces of fluid. You must have a full bladder.

- Colon Studies**

Follow detailed instruction sheet you've been given by your referring physician.

- CT of Abdomen Only**
- CT of Pelvis Only**

Drinking of fluids is encouraged, but NO SOLIDS should be eaten after midnight.

- MRI of Abdomen/ Liver/ Gallbladder/ Pancreas or MRCP's**
- MRA (angiography) Abdomen**

Nothing to eat or drink 4 hrs prior to your exam time.

- Myelograms**

Bring current list of medications and drug allergies. No solids after midnight. Force clear liquids the day before your exam.
Just prior to exam, drink at least 16 ounces of clear liquids.

**MYELOGRAM PATIENTS MUST HAVE SOMEONE DRIVE THEM HOME
AND STAY WITH THEM FOR THE REMAINDER OF DAY.**

If you have any questions or concerns, please don't hesitate to call our office and speak with a registered technologist.



HIPAA Notice Effective Date: April 2003 Notice of Privacy Practices

As required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) This notice describes how health information about you as a patient of this imaging facility may be used and disclosed. Also it describes how you can get access to your personal health information (PHI).

A. Our commitment to your Privacy.

Our practice is dedicated to maintaining the privacy of your personal health information (PHI). While providing your care, records will be created regarding your appointment with us that will include examinations, treatment, reports, and insurance identification. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of this notice of privacy practices that we have in effect at the time.

RED FLAGS RULE: New 'Red Flag' Requirements to help fight identity theft.

Identity thieves use people's PHI to open new accounts and misuse existing accounts, creating havoc for consumers and businesses. We are required to implement a program to detect, prevent, and mitigate instances of identity theft.

The Federal Trade Commission (FTC), the federal bank regulatory agencies, and the National Credit Union Administration (NCUA) have issued regulations (the Red Flags Rules) requiring financial institutions and creditors to develop and implement written identity theft prevention programs, as part of the Fair and Accurate Credit Transactions (FACT) Act of 2003. The programs must be in place by November 1, 2008, and must provide for the identification, detection, and response to patterns, practices, or specific activities – known as "red flags" – that could indicate identity theft.

One simple way that we confirm your identity is obtaining a picture ID at the point of check-in. We also make every effort to ensure your PHI remains private.

The terms of this notice apply to all records containing your PHI that are created or retained by our practice for past, present, and future records. We reserve the right to revise or amend this Notice of Privacy Practices. Our practice will post a copy of our current notice in our waiting rooms in a visible location at all times.

B. We may need to use and disclose your PHI in the following manner:

1. **Treatment.** Our Practice may use your PHI to treat you. Examples may include creatinine testing (blood sample) or pregnancy testing (urine sample) to prepare you for an examination. This information and laboratory results and records received from your referring and general physicians may help us reach a diagnosis or could be used to write a prescription for you. We share a PACs (Picture Archiving Computer) with Centra Health. Previous examination and records will be used to provide you with a thorough diagnosis. The above PHI could be relayed to your pharmacy if prescriptions are necessary. Finally, we may need to share your PHI with other health care providers for purposes of your treatment and overall health and would only be disclosed for the continuity of your care.
2. **Payment.** Our Practice may use and disclose your PHI in order to bill and collect payment for the services and items rendered to you or share PHI with other health care providers and entities to assist in their billing and collection efforts. For example, we may contact your insurance carrier to certify that you are eligible for benefits and what you, the patient, can expect to owe after your insurance carrier has paid. We may provide PHI to your referring physicians' office to aid in pre-authorizations from your insurance carrier. We also may use and disclose your PHI to bill you directly for services and treatment received or to obtain payment from third parties that may be responsible for such costs, such as family members. Out of courtesy, we provide many of our patients with a reminder phone-call of their upcoming scheduled appointment. Your insurance PHI is used to determine a detailed projected estimate of what payment is needed at time of service.
3. **Health Care Quality Assurance.** Our practice may use and disclose your PHI to operate our business. We plan to use your PHI to evaluate the quality of care that you received from us or to conduct cost-management and quality assurance. This helpful and needed information may be shared with other health care providers to assist in the over-all health and patient care standards in the community.
4. **Release of Information to Family and Friends.** It is our policy to share your PHI with only you, the patient. If someone is involved with your care and needs to have your PHI, your records/ reports, or images released to them, they should be listed on your HIPAA form (Health Insurance Portability and Accountability Act) at your referring physicians' office. A copy of your physicians HIPAA form is appreciated, or your written consent is required to release your PHI to anyone other than yourself. A release of records form will be required at check-out proving identity of the person your PHI is being released to. Please note that we will disclose your PHI when required to do so by federal, state, or local law.

5. Deceased Patients. Our practice may disclose PHI to a medical examiner or coroner to identify a deceased individual or to identify cause of death.
 6. Workers Compensation. Our practice may disclose your PHI to the workers compensation worker and similar programs.
 7. Inspections and Audits. To maintain credentialing of our practice, we may have to disclose your PHI to agencies authorized by law in cases that could include investigations, inspections, audits, surveys, licensure and disciplinary actions; civil and criminal, or other activities necessary by the government to ensure compliance.
 8. Lawsuits and Litigations. Our practice may disclose your PHI in response to a court or administrative order, discovery request, subpoena, or other lawful process.
 9. Law Enforcement. A law enforcement agent could request your PHI for reasons below:
 - a. Regarding a crime
 - b. Concerning a death of criminal nature
 - c. Regarding criminal conduct at our center
 - d. In response to a warrant, summons, court order, subpoena or similar legal process.
 - e. To identify/ locate a suspect, material witness, fugitive or missing person.
 - f. In an emergency, to report a crime.
 10. Public Health Risks. Public Health Authorities that are authorized by law may collect your PHI for the purpose of:
 - a. Maintaining vital records such as births and deaths
 - b. Reporting child abuse or neglect
 - c. Preventing or controlling disease, injury or disability
 - d. Notifying a person regarding potential exposure to a communicable disease
 - e. Reporting reactions to drugs or problems with products or devices
 - f. Notifying appropriate government agencies and authorities regarding the potential abuse or neglect of an adult, including domestic violence as required by law.
 - g. Notifying your employer of workplace injury or illness.
 11. Research and Testing. Strictly on a volunteer basis with patient consent, our office may disclose PHI when testing out new equipment or protocols.
 12. Military. Our Practice may disclose your PHI if you are a member of the U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
 13. Inmates. Our Practice may disclose your PHI if you are incarcerated, to appropriate correctional institutions or law enforcement agents for the continuity of care and safety and security of the institution and individuals.
- C. Your rights as a patient regarding your PHI
1. Confidential Communication. Our Practice will accommodate reasonable requests for communication with you. For example, contacting you at a certain phone number or mailing address or even restricting your PHI to certain individuals. You must make a written request stating your reasonable request attention to Misty Witt. Explanations are not necessary.
 2. Copies of your records and images. You have the right to obtain a copy of your records and images. Please, out of courtesy, allow us 24 hours to process your request and understand that there will be a charge simply to cover the costs of copying, mailing, labor and supplies associated with your request.
 3. Amendment. You have the right to request us to amend your health information if you believe it is incorrect or incomplete. Please contact Misty Witt in writing to submit your request. Please provide details to support your request otherwise your request may be denied without sufficient evidence.
 4. Complaints. You have the right to file a complaint, without penalty, if you feel that your privacy rights have been violated.